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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/608,184	MAY 26 2005
	Filing Date	June 30, 2000	
	First Named Inventor	Samuel N. Zellner	
	Art Unit	2134	
	Examiner Name	Christopher J. Brown	
	Attorney Docket Number	BS99224	
Total Number of Pages in This Submission: 11			

## ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1.116 Response & Amendment to April 28, 2005 Advisory Action
Remarks:		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	May 26, 2005		

## CERTIFICATE OF TRANSMISSION / MAILING

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Name (Print/Type)	Bambi Faivre Walters	Date	May 26, 2005
Signature	<i>Bambi Faivre Walters</i>		

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**May 26, 2005**